



## Winter 2007 Application

I wish to become a Master Gardener Volunteer Educator and would like to be accepted into the training program. **I understand that, if accepted, I will agree to donate 40 hours to community service in the Master Gardener Program.** (We are seeking people who are willing to share their knowledge.)

Please **PRINT**:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, **MICHIGAN** Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If you are affiliated with any garden groups, please list: \_\_\_\_\_

Please check the appropriate boxes below:

- ☐ I consent to have my name, address, and phone number listed on a class roster for the members' notebook.
- ☐ My check for the \$225 class fee is enclosed.
- ☐ I wish to pay the \$225 class fee on the payment plan (\$125.00 now to secure my place in the class, balance due by the application deadline of December 21, 2006.)

***Read the following statement carefully before signing:***

I authorize Michigan State University Extension to record and photograph my image and/or voice for use by Michigan State University Extension or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees, in perpetuity.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enclose your check, payable to *Michigan State University Extension*, with this application and return to MSU Extension - Bay County, 515 Center Avenue Suite 301, Bay City, Michigan 48708-5124. Payment must accompany your application to secure your place in the class. No refund will be given within 14 days of the first class. Instead, the payment and registration will be applied to a future class.



*Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status, or family status.*  
*Michigan State University is an affirmative-action equal opportunity institution.*

*Accommodations for persons with disabilities may be requested by calling (989) 895-4026.*



## Volunteer Selection Process Criminal History Check Form

*To protect your privacy, this form will be seen  
only by Michigan State University Extension staff.*

**Return this completed form to:**

MSU Extension - Bay County  
515 Center Ave., Ste. 301  
Bay City, Michigan, 48708-5124.

Name: \_\_\_\_\_  
Last First Middle Initial

Race: ☐ Caucasian/White ☐ African American/Black ☐ Asian/Pacific Islander  
☐ American Indian/Alaskan Native ☐ Other

Gender: ☐ Female ☐ Male Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Michigan Driver's License Number: \_\_\_\_\_

Previous Names (Married and/or Maiden): \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give Michigan State University Extension permission to check my criminal history with the Michigan State Police.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** A criminal record will not necessarily disqualify an application. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.

*Michigan State University Extension programs and materials are open to all  
without regard to race, color, national origin, gender, religion, age, disability,  
political beliefs, sexual orientation, marital status, or family status.  
Michigan State University is an affirmative-action equal opportunity institution.*